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2134

PATENT
Docket: 0406.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	Michael F. Krieger)	
Serial No.:	09/963,867)	
Filing Date:	September 26, 2001)	Art Unit
Title:	BIOMETRIC DEVICE)	2134
Examining Attorney:	Brown, Christopher J.)	

AMENDMENT AND RESPONSE

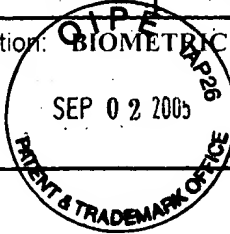
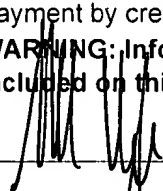
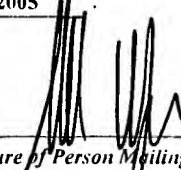
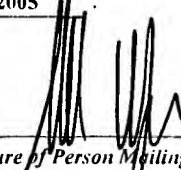
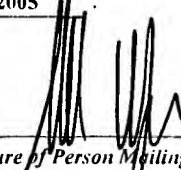
Mail Stop Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

This communication is responsive to the Office Action mailed from the United States Patent and Trademark Office on June 2, 2005. Pursuant to 37 C.F.R. § 1.114, please continue examination and amend the above-referenced patent application as follows:

Amendments to the Claims begin on page 2.

Remarks begin on page 5.

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 0406.2									
Applicant(s): Michael F. Kreiger													
Application No. 09/963,867	Filing Date 09/26/2001	Examiner C. Brown	Customer No. 27966	Group Art Unit 2134	Confirmation No. 1618								
Invention: BIOMETRIC DEVICE													
													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application.													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	8 -	20 =	0	x \$25.00	\$0.00								
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 _____ Signature		Dated: <u>Aug. 30, 2005</u>											
Michael F. Krieger Registration No. 35232 Kirton & McConkie 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, Utah 84111 Telephone: (801) 321-4814		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August <u>30</u>, 2005</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence Michael F. Krieger </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August <u>30</u> , 2005		(Date)		 Signature of Person Mailing Correspondence Michael F. Krieger		Typed or Printed Name of Person Mailing Correspondence	
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cc:													